



CONSUMER NETWORK NEWS

THE QUARTERLY NEWSLETTER OF
ON OUR OWN OF MARYLAND, INC.

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THE MAIN STREET MODEL: 10 YEARS OLD AND GROWING!

Ten years ago, a group of consumers started a housing development program with the dual goals of making a difference in the lives of consumers and being a driving force in making a fundamental shift in the way that systems of care help consumers get housing. Each of these goals was heavily grounded in the core concepts of consumer-defined recovery – recovery centered on hope and the establishment of a meaningful life where the person takes charge of their own life. Recovery changes the core way that individuals see themselves, how they perceive the world, and how they play a part in that world (*Wireman and Hoffman 2004*). Main Street Housing has made landmark progress in these endeavors.



*Earlene Duncan,
Main Street's Founding
President*

We began shaping Main Street with the knowledge that the nucleus for recovery and successful community living is having quality, safe, affordable, and independent housing. Many people living with mental health issues find themselves without the proper supports or resources to sustain suitable housing, which is a core component of recovery. Main Street has worked diligently to offer such an option, and we are now in eleven counties throughout Maryland with the capacity to provide housing for up to 66 individuals and families. Importantly, we are currently working on our very first Baltimore City Initiative. Although we are located in the city, we have not yet developed property in Baltimore City. We plan to embark on this initiative with the goal of buying enough property to provide fifteen additional consumers affordable, independent housing in Baltimore City.



Baltimore City Skyline

Historically, we have worked to provide a variety of housing options that include shared living with others as well as single bedroom units. The Baltimore City Initiative will focus on purchasing properties that consist of one and two bedroom units. Main Street has moved away from purchasing three bedroom units, with a focus on smaller, more desirable living arrangements with at most one other housemate. It is important to note that, when asked, consumers have similar desires regarding their housing as the general public. Some want roommates and some want to live alone, yet uniformly consumers want permanent independent housing that does not distinguish them from others in the community.

THE MAIN STREET MODEL: 10 YEARS OLD AND GROWING !!

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Forty years ago, simply getting consumers out of state psychiatric institutions was the main goal. With this movement to the community realized, we can no longer be satisfied with a maintenance programmatic approach to community-based housing, where consumers are living restrictive lives in group homes and residential settings. It is simply not enough to trans-institutionalize consumers from a large institutional setting to a community-based smaller institutional setting. Consumers need to have the responsibility and right to live independently and autonomously in the community. Main Street has established this option for consumers, and we are very proud of that. We have been effective in providing evidence to the general community, the mental health system, and even consumers themselves that, irrespective of disability, consumers can and do become valued, productive members of the community with the capacity to recover and lead full lives.

We have established rental opportunities for consumers that help them transition from “patient” to tenant in a real community. Such an opportunity does not happen without a level of commitment and accountability from the consumers themselves. We operate the “Main Street Model” under a unique and innovative principle of “supportive accountability,” ensuring that Main Street tenants are as accountable as anyone else for maintaining their tenancy. We firmly believe that tenants are simply required to be good tenants without any requirement to seek or receive specific mental health services or participate in any mental health program. This provides the tenants with a high degree of autonomy and self-directed internal motivation in selecting how and what mental health services they may choose to use and from which provider they receive them.

The success of the “Main Street Model” became very apparent as we began producing housing units on the Eastern Shore. The very first year after we began operations on the Eastern Shore, we won the coveted “Caliber Award” from Mid-Shore Mental Health Systems for being a change agent that enhanced the empowerment of



Eastern Shore Property

consumers living in the community. The way that we approach housing and our relationship with the tenants is so strikingly different that many thought the model would not work. There were folks working in the mental health system who thought consumers were not able to live independently and be in charge of their own lives. Moreover, having no mental health service requirement as part of our lease was viewed with suspicious doubt. The Main Street tenants successfully worked to change these attitudes.

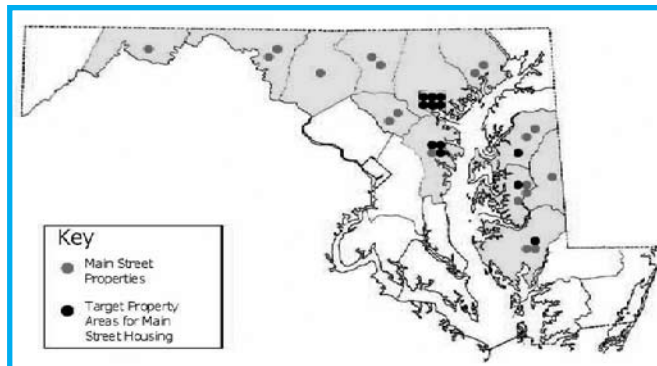
Given the opportunity to earn a real tenancy in the community, consumers have taken on the responsibilities of being a tenant fabulously. Main Street believes that the folks in our housing units are actually better tenants than those in the general community. Recently, we developed

a database to show the performance of the Main Street tenants in areas that include rent payments and inspections. The results that we are seeing are enlightening, and provide additional evidence that consumers can lead successful, meaningful lives in the community.

Throughout our history, only one tenant has been psychiatrically hospitalized. This

person has been a successful tenant with Main Street for over eight years despite her occasional need for brief psychiatric hospitalization. She is very proud of this accomplishment. Moreover, we have recently accepted applicants who have directly come from an inpatient psychiatric hospital setting. At the state hospitals, discharge staff has historically believed that a consumer needed to be placed in a group home or a residential setting upon discharge. Main Street has worked throughout all of the state hospitals to successfully help remediate this belief and help provide another option.

There is a fundamental difference between living within a mental health system and living in a home chosen and paid for by you. The “Main Street Model” enables individuals to experience integrated lives by providing a rental unit and a chance to be a tenant, rather than a patient in a mental health system. The “Main Street Model” gives consumers an opportunity to have a



MHS's Current & Projected Properties



Carroll County Property

THE MAIN STREET MODEL: 10 YEARS OLD AND GROWING !!

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real stake in their tenancy. They know the core components of successful tenancy (paying rent on time, keeping the unit in good order, and being a good neighbor) are their own responsibility and that they are ultimately in charge of their continued tenancy in a Main Street unit.

Such an earned status brings about a different, more fulfilling concept of self, one in which a person takes on a distinct, responsible role in society where the expectations are no less and no different from anyone else's. It is a role based on equality that helps the individual identify him/herself as someone other than a "mental patient," the "crazy" person in the group home, or the "homeless guy" on the street corner. The "Main Street Model" embraces one's inalienable right to struggle for and reach one's own achievements, and hear an internal voice that says, "I can do this! I can expect more from myself, and begin to set the bar higher." This is the very essence of recovery.

In one community, over 80% of the Main Street tenants are significantly employed within the community. In several other communities, consumers are living with their spouse or children. Main Street believes in keeping families together.

One consumer has called her unit home for herself and her four children for over four years. There are several tenants that have joint custody of their children because of the space that Main Street afforded them. One mother was able to reunite with her child because Main Street allowed her to rent a two bedroom unit so she could have her son return. Taking on a tenancy that allows for such roles within the community take the person from being self-identified as a mental patient to a true member of society, an important member of a family, and part of the fabric of his/her community..

Regular testimonials from tenants include statements like "I have become a 'real person' not just another case for a social worker". When visiting the tenants they are proud of their homes. It is important to the tenants that inspections happen once a month so that they can show how their efforts in maintaining a home are paying off. One tenant stated that the monthly inspections give her "a reason to wake up in the morning." She feels a sense of accomplishment when she passes an inspection because she knows it is her hard work and dedica-



Washington County Property



MSH Tenant



Allegany County Property

tion that makes it possible to maintain her tenancy. In other situations, tenants are assisted with fixing things in their unit like a toilet or smoke detector. Tenants become very excited after realizing that they have completed a home maintenance task successfully. To Main Street tenants, the task of plunging a toilet or putting batteries into a smoke detector are clear examples of tenant accountability and responsibility.

You can see how a tenant's life changes with the responsibility of tenancy and the accomplishment of keeping a unit in good order.

The "Main Street Model" has made great strides in shifting Maryland's system of care toward supporting each individual's right to achievement and hope for the future. It is imperative that we create the circumstances in society where people have the opportunity to better themselves, take on meaningful roles within their communities, embrace their own accomplishments, and stand with pride. It is what we are all here for: to challenge ourselves, to meet life's obstacles, to reach our goals, and to stand with pride as a member of the community.

Like the majority of people in society, individuals with psychiatric disabilities have clear preferences about how they want to live. Consumers want to choose the type of housing in which they live, the neighborhood where they want to live, with whom they want to live, what and when to eat, whether or not to participate in mental health services, and how to schedule their days.

Just because a person has a disability does not mean they do not deserve the right to live an amazing life. In all of our lives, the things truly worth attaining and cherishing come through challenge, adversity, personal struggle, and growth. Consumers regularly find that the systems which provide them assistance often expect very little of them and, as a result, they come to expect very little of themselves. As a consumer operated organization, our principle of "supportive accountability," allows consumers to set the bar much higher. The "Main Street Model" provides an environment that requires consumers to make the personal commitment to complete their quest for independent living, as part of leading a life of wellness and recovery. It is through their accomplishments that the "Main Street Model's" true measure of success is seen.



2010 ANNUAL MEETING CELEBRATES PEER-RUN PROGRAMS AND HIGHLIGHTS OUR ACCOMPLISHMENTS

On Our Own of Maryland, Inc. held our Annual Meeting on Wednesday, October 20, 2010 at Quiet Waters Park in Annapolis, MD. The meeting was held in the Blue Heron Center, one of the park's beautiful banquet halls. The Annual Meeting gives members the opportunity to network with folks from around our state and allows us to highlight the important role that peer-operated, Wellness and Recovery Centers provide throughout the state. Members of our affiliated consumer groups took time to celebrate accomplishments during the past year and to share plans for the coming year.

On Our Own of Maryland President Tony Wright and Executive Director Mike Finkle welcomed over 70 participants from all over Maryland and gave an overview of our accomplishments during the past year, including our very successful annual summer conference and awards dinner held this past June at Rocky Gap Lodge in Western Maryland. We distributed our Annual Report to the membership and On Our Own of Maryland staff gave overviews of the various projects they worked on during the year. At the start of the Annual Meeting we had a presentation on outcome measures and evaluation for peer-operated programs by Dr. Diana Seybolt with the University of Maryland Systems Evaluation Center.

In the morning, prior to the afternoon Annual Meeting, we had a "Legal Issues" workshop conducted by attorney Susan Nathan focusing on legal and risk management issues for consumer-operated programs. Ms. Nathan also discussed the pluses and minuses of our peer-operated programs becoming Medicaid reimbursable for some of the services they currently provide.

We also had a surprise visitor during our Annual Meeting. In the late afternoon, Mary Ellen Copeland, educator and author of WRAP-Wellness Recover Action Plan dropped in to say hi and greet our members. Mary Ellen was in Washington, D.C. at a SAMHSA meeting, along with On Our Own of Maryland WRAP Coordinator Cheryl Sharp and Cheryl brought Mary Ellen over to the Annual Meeting. Mary Ellen gave all of us greetings from Vermont and was very gracious. She answered questions and gave us all a pep talk regarding WRAP and the future. Thanks for taking the time to come and see us Mary Ellen before flying home! It was truly a great surprise.

All in all, it was a wonderful day of learning, networking and sharing our past accomplishments and our plans and hopes for the future!



Mary Beth Twigg, Jennifer Brown & Ethel Nemcek



Diana Seybolt



Susan Nathan



Neil Dodrill



Youlanda Halterman & Marta Archer



Cheryl Sharp & Mary Ellen Copeland



Annual Meeting Guests

STIGMA: YESTERDAY & TODAY

By Clarissa Netter, Director of the Office of Consumer Affairs, Mental Hygiene Administration,
& a member of the Anti-Stigma Project

The origin of the word stigma can be traced back to ancient Greece. It comes from a Latin word meaning “mark” on a criminal or slave, which identified their position in the social structure and indicated their perceived lack of value. The physical marks have gone, but stigma remains, based on one or more factors, such as age, caste, class, color, disease, ethnicity, mental condition, religious belief, sex and sexuality. It was during the Middle Ages when people were looked at with medical as well as religious speculation as to why people were “peculiar.” It was during this time that “insane patients” were first brought collectively in unison. In the beginning they were herded onto ships and sailed from port to port (called the ships of fools), but later were placed in asylums or hospitals.

In 1943, Abraham Maslow, an American psychologist, in his “A Theory of Human Motivation,” etched out a Hierarchy of Needs for humans to strive for on the road to self-actualization (to find fulfillment and realize potential). Belonging and love needs (being accepted and affiliated with others) as well as esteem needs (gaining approval and recognition) were considered basic needs for human beings along with the need for water, shelter and food. Stigma in a society leaves little room for these basic needs to be met by those with mental health issues. It is no wonder persons with mental health needs die 25 years sooner than others; their basic needs are often not met in a timely way or indeed at all. Basic needs like food, water and shelter are crucial to survival as well as esteem needs and love needs with a sense of belonging.

Erving Goffman, a Canadian sociologist and writer, in 1963 suggested that stigma had two major components: a public one (reaction of general public to people with mental health conditions) and an internalized one (self-stigma, meaning prejudice that people with mental health conditions turn toward themselves). Labeling and stereotyping can be a direct result of these components. Being labeled, discriminated against, and discounted can create significant amounts of stress, which can then tax the body and lead to a myriad of conditions such as heart disease, diabetes and other somatic illnesses.

Stigma still creates a division- a superior “us” group and a devalued “them” group, resulting in loss of status in the community. Why does stigma continue? Is it because of cultural or ethnic, and social diversities in the status quo? Or is it fear of the unknown? Envy? Or oppression? It can be all of these and sometimes more.

Society may place blame for a mental health condition on the consumer themselves, assuming that the condition is “all in their heads.” As a result of such misconceptions, stigma continues, and mental health conditions remain the butt of jokes in popular culture. Negative portrayals of people with mental health conditions in the media fuel fear, mistrust, and reinforce distorted perceptions. This leads to even more stigma, causing a vicious cycle.

What is even more troubling is the response some have to being stigmatized which can be stimulated by negative self-thoughts. Some try to control their mental health symptoms and thereby “get rid of” what is being stigmatized, by self-medicating with drugs and alcohol, overeating, under eating and even suicide. Some refuse to accept societal stigma by not accepting their condition, refusing medication, therapy, and peer support.

These and other forms of stigma can lead to feelings of anger, frustration, shame and low self-esteem — as well as discrimination at work, school and in other areas of life. For someone with a mental health condition, the consequences of stigma can be devastating. Words can be harmful and hurtful and can lead to behaviors that are hurtful to the mind, body, and spirit. Some of the harmful effects of stigma include:

- Pretending nothing is wrong
- Not seeking treatment
- Rejection by family and friends
- Work and/or school problems
- Difficulty finding housing
- Being subjected to physical violence or harassment
- Inadequate health insurance coverage of mental health conditions

How can recipients of services (consumers) cope with their conditions and the stigma that often surrounds it?

Learning to accept their condition, recognizing what they need to do to treat it, seeking support, and helping educate others can make a big difference. Here are some other strategies consumers have successfully used to make a positive difference in their recovery:

They seek treatment. They don’t let the fear of being “labeled” with a mental health condition prevent them from seeking diagnosis and treatment. Diagnosis and

“MENTAL ILLNESS IS NOTHING TO BE ASHAMED OF, BUT STIGMA AND BIAS SHAME US ALL.”

BILL CLINTON

treatment can provide relief by identifying what's wrong in specific terms, and reducing symptoms that interfere with their work and personal lives.

They don't let stigma create self-doubt and shame.

One of the most important ways people minimize the stigma of a mental condition is to come to terms with their condition. Others' judgments almost always stem from a lack of understanding rather than information based on the facts. They know that feeling ashamed, embarrassed or humiliated because of something beyond their control can be very destructive. Psychological counseling helps them to gain self-esteem and cope with their reaction to others' bias or their own self-judgment.

They seek support.

With a mental condition, it can be hard to decide who to tell, if anyone, and how much to tell. Some may not be comfortable telling anyone anything about their condition. Consumers can tell people they trust, and find much-needed compassion, support and acceptance. Because stigma can lead to social isolation, they know it's especially important to stay in touch with family and friends who understand.

They don't equate themselves with their condition.

Being a consumer is not an illness. Instead of saying "I'm bipolar," they say "I have bipolar disorder." Instead of calling themselves "a schizophrenic," they can say "I am a person with schizophrenia." They don't say "I am depressed." They say "I have depression."

They use resources.

Stigma has effects on education, career, housing and other areas of life. Consumers take advantage of federal, state and nonprofit resources available. A number of agencies and programs support people who have mental health conditions — examples include state agencies such as Maryland Department of Rehabil-

itation Services, Veterans Affairs (VA), and nonprofit organizations such as On Our Own of Maryland, the Wellness & Recovery Centers, and NAMI, which have local chapters as well as Internet resources.

They receive help at school.

When a consumer or their child has a mental condition that affects learning, they find out what plans and programs might help. Discrimination against students because of a mental health condition is against the law, and educators at primary, secondary and college levels are required to accommodate students as best they can. They talk to teachers, professors or administrators about the best approach and available resources. Consumers know when a teacher doesn't know about a student's disability, it can lead to discrimination, barriers to learning and poor grades.

They join an advocacy group.

Local groups, such as On Our Own of Maryland, Inc. and their affiliate Wellness & Recovery Centers, or the National Alliance on Mental Illness (NAMI) have programs that watch for and correct stereotypes, misinformation and disrespectful portrayals of people with mental conditions. Organizations like these also offer support groups and information to help consumers cope with mental health issues.

They speak out.

Speaking at events helps instill courage in others facing similar challenges and also educates the public about mental health conditions. If they spot stigmatizing stories, comic strips, movies, television shows or even greeting cards, they can write letters of protest that identify the problem and offer solutions.

"Mental illness is nothing to be ashamed of, but stigma and bias shame us all." Bill Clinton (American 42nd US President, 1993-2001).

~WORKSHOP~ An Inside Look at Stigma ~WORKSHOP~

The consequences of internalized stigma can be devastating, including lower self-esteem, isolation, and hopelessness. This interactive workshop is designed to help participants recognize, prevent and/or overcome the effects of this problem.

Through a variety of learning approaches, participants will:

- Identify and define what internalized stigma is
- Examine how internalized stigma is different from external stigma
- Recognize and examine the impact of internalized stigma on one's self and others
- Identify choices/steps to changing internalized stigma messages



For more information or to schedule this workshop for your agency please contact:

Kristen Myers at 410-646-0262 x20 / 1-800-704-0262 ext. 20 / kmyers@onourownmd.org

By Cheryl S. Sharp

As we say good bye to an old year and bring in the new one, changes are always on the horizon. Most of us struggle with change and often work hard to maintain the status quo. What I have often failed to remember is how powerful change can be and while they have sometimes been difficult, most of the changes I have experienced in life have given rise to new opportunities.

It is with great sadness, yet excitement that I will be saying goodbye to my position as WRAP® Outreach Coordinator for On Our Own of Maryland, Inc. I have accepted a position with the National Council for Community Behavioral Healthcare in Washington, DC as their new national Coordinator for Health Integration and Wellness beginning on January 10, 2011.

I will be supporting providers in order to integrate trauma-informed care throughout their systems as well as promoting principles of wellness and recovery. The National Council serves 1800 provider agencies and 8 million consumers and family members. Please look them up on the web for more information – www.thenationalcouncil.org.

This position was specifically identified for a consumer leader, advocate and educator. I am honored to have been considered and chosen. I look forward to continuing all of our efforts to promote endless possibilities for people who are recovering from mental illness.

My time with On Our Own has had a profound impact on my life and my journey to health and wholeness. The support and embrace from the state of Maryland as we have made WRAP® a reality for so many consumers has been the driving force behind my work efforts.

As I reflect on my journey to On Our Own, I remember my first interview. I was moving from North Carolina to Maryland and trying to find work that would be meaningful and in concert with my beliefs that recovery is possible for every person. I met with Mike Finkle, Ken Wireman, and Jennifer Brown in early January of 2008. I decided then and there that I would not pursue any other positions for fear of jinxing my chances to work with this amazing organization.

My initiation with On Our Own was by going through my second WRAP® facilitator training and the second one being held in the state. It was there that I met 18 people that I still hold in the highest regard and who became good friends. From then, we were off and running. Over

these last almost three years the WRAP® Outreach Project has trained 90 facilitators. Every wellness and recovery center has at least two WRAP® facilitators and WRAP® classes are being held regularly. Provider agencies have incorporated WRAP® into their programs and we continue to look forward to ongoing training.

While I may no longer be working at On Our Own, I will not be far away and am looking forward to many ongoing projects. This year we will continue doing facilitator training, WRAP® Facilitator Follow-Up Workshops, and in April, we will train four Advanced Level WRAP® Facilitators to work closely with the Project. Our efforts to provide Peer Support Specialists Training will continue to be a priority and I am excited to be able to continue to be part of that process.

2011 will bring challenges, but what I know is that the wonderful people I have had the honor and privilege to work alongside are up to those challenges. One of the things that has made the consumer movement so powerful is that we have all had many challenges and struggles; however, we have lived through them and grown stronger because of them.

To the Mental Hygiene Administration, Core Service Agencies, hospitals, and community mental health service providers, thank you for all you do for those you serve. Your commitment to providing the highest quality services to Maryland consumers has made integrating WRAP® a truly collaborative process.

To the members of the On Our Own Network, you have been my source of inspiration each and every day. The enthusiasm that the 90 trained WRAP® Facilitators have brought to the table and their efforts to make WRAP® available to anyone in Maryland have made the last three years a joy. You have each, in your own way, contributed to my desire to move forward in my life and my career.

Sometimes moving forward involves taking risks and doing something different. This is a wonderful opportunity for me and I believe another step to a stronger consumer voice. Thank you for all you have done for me and for the WRAP® Outreach Project. This is not good-bye, but see you soon as all of us continue to create positive and powerful change towards better lives.

In the words of Mohandas Ghandi, "Be the change you want to see in the world." Wishing each of you a year of wonderful and positive change. See you at Rocky Gap!



Cheryl Sharp

Please Save This Date!

Tuesday, April 5, 2011



Spotlight on Mental Health

VISIONARY CONVERSATIONS

Second in a series of seminars bringing you relevant, thought-provoking, and useful ideas and information about mental health.



Keynote Speaker

Mary Ellen Copeland, Ph.D. is an author, distinguished educator, and mental health advocate from Brattleboro, Vermont.

Mary Ellen's first introduction to mental health issues began when she was only 8 years old, when her mother, a highly educated and vivacious woman, began experiencing episodes of deep depression alternating with extreme mania. She was diagnosed as "incurably insane," and spent the next 8 years of her life in a state mental institution. Eventually her mother started connecting with other patients and, using what we now call peer counseling and peer support, got well, was discharged and returned home. She picked up the pieces of her life, built supportive relationships, returned to her career, and worked diligently to maintain her wellness. Later Mary Ellen also began to experience severe mental health challenges and was diagnosed with "manic depression." Medication and hospitalizations did little to help. Out of frustration, she began to study how people who have mental health issues cope on a day to day basis, how they get well, and stay well for the long term. With the aid of several vocational rehabilitation counselors, she developed a series of survey instruments and studied 125 volunteers. Their responses became the basis for her own recovery and for the various resource books and the recovery curriculums she developed. Her first book was *The Depression Workbook: A Guide for Living with Depression and Manic Depression*. Since then she has written many books, trained people worldwide to help others and themselves, and conducted additional research. In collaboration with others, she developed the popular Wellness Action Recovery Plan (WRAP[®]), a simple self-help system for identifying and utilizing personal resources to get well and stay well.

CEUs & COAs available

Tuesday, April 5, 2011

1:00 - 4:30 pm

at

Turf Valley Resort,

Ellicott City, MD

More information to follow!

Please feel free to check our website www.onourownmd.org for updates.

Sponsors: Mental Health Training Services Center, University of Maryland, Baltimore

Spotlight on Mental Health: Visionary Conversations is made possible through a Maryland Mental Health Transformation State Incentive grant from the Substance Abuse and Mental Health Services Administration.



Save These Dates!

On Our Own of Maryland's Annual Conference

Thursday & Friday
June 9 & 10, 2011

Wizards of Wellness:

Finding Harmony, Health and Happiness

On Our Own of Maryland's 2011 Annual Conference ✨ Rocky Gap Lodge, Flintstone, MD

Join us for our 2011 annual conference as we return to Allegany County, the mountain-side of Maryland, at the beautiful and scenic Rocky Gap Lodge and Golf Resort which is located in Rocky Gap State Park and seated next to a 243-acre beautiful lake. Our 2011 conference will focus on the themes of well-being: achieving a life of happiness, health and harmony. We will explore the Substance Abuse and Mental Health Services Administration or SAMHSA's 10x10 Wellness Campaign, launched in 2010, to promote the importance of addressing all parts of a person's life in hopes of increasing life expectancy for persons with mental health problems by 10 years over the next 10 years. The Wellness Campaign's vision is a "future in which people with mental health problems pursue optimal health, happiness, recovery, and a full and satisfying life in the community via access to a range of effective services, supports, and resources."

As usual we will have a wide variety of speakers and workshops with the latest information on the mental health consumer movement. Meet new friends from around Maryland and learn what others are doing in other parts of the state.

Guest rooms have cable television and 11 rooms are ADA certified. Participants can swim in either the lake or the hotel pool. The lake is surrounded by hiking trails to explore nature, or rent a canoe, paddle boat or pontoon. Come explore nature's playground and experience On Our Own of Maryland's 2011 Annual Conference.



Keynote Speaker

LaVerne D. Miller, Esq. is an attorney and consultant whose career has centered on mental health and social justice. Following years of severe depression, Miller realized that finding meaningful work and peer support were critical for her own recovery as well as for many other consumers. Ms. Miller currently works with Policy Research Associates, Inc. in Albany, NY providing technical assistance and support to Mental Health Transformation State Incentive grantees. Her work focuses on the development of policies, practices

and systems assuring the meaningful involvement of consumers, family members and youth along the entire continuum of transformation activities. She also develops strategies to involve groups that traditionally have not had a voice in system changes, including but not limited to under-represented racial, ethnic, linguistic, and gay and lesbian communities. Ms. Miller, who is a graduate of the University of Pennsylvania and Northeastern School of Law, previously worked as an Assistant District Attorney with the Manhattan Attorney's Office and as a community organizer and housing advocate in Queens, New York. From 1996 to 2008, Ms. Miller served as the Director of the nationally-recognized Howie the Harp Peer-Advocacy Center, located in New York City. This well known center trains consumers with histories of homelessness, mental illness and incarceration and promotes recruitment, hiring, retention, integration and advancement of consumers in the workforce.

EVALUATION...IN OUR WORK, IN OUR LIVES

(catch phrase blatantly but respectfully lifted from the Anti-Stigma Project)

by Elaine Carroll

How do we know if a service or product is beneficial to us? Is the amount of time, money or energy it costs worth the result? Sometimes the choice is obvious and sometimes it's not. When it's not, evaluation can be helpful in determining a course of action. In my recovery journey, for example, I hope to make choices that bring my best self to the table, but when the choice is not clear, carefully evaluating my situation before making a decision has been a helpful strategy. No one said recovery is easy, and there is no guarantee that by applying strong evaluation techniques to life that you will always land feet first. However, it is a useful tool in the wellness toolbox that can guide our choices about how we want to live think and feel. Another tool that people can choose to use in recovery is the Consumer-Operated Wellness and Recovery Centers. Maryland consumer organizations serve over 5,000 people annually by promoting recovery-oriented mental health alternatives that are steeped in principles of hope, support and empowerment. To keep our network strong, Wellness and Recovery Centers in Maryland can use evaluation as a tool in much the same way as people use it in their everyday lives. Organizations also have choices to make, and the right decision is not always apparent. Decisions involving action around program management, fiscal accountability and governance can pose many questions and concerns that need answering before making positive organizational choices.



Elaine Carroll & Kathy Muscari

administration to implement an intense evaluation of Maryland's consumer-operated programs. Dr. Kathy Muscari, Director of the West Virginia Consumer Organizing and Networking Technical Assistance Center (CONTAC) and

Many of you know that for the past two years On Our Own of Maryland has been given funding from the Transformation State Incentive Grant under the auspices of the MD Mental Hygiene Ad-

I have been making visits conducting surveys and focus groups, and employing observational techniques to capture snapshots of typical days at Wellness and Recovery Centers. Dr. Muscari is a national expert on statewide consumer networks and consumer-operated organizations. Since I have been on the road with her touring the state, I have gotten to know how dedicated, passionate and valuable she is to the consumer movement. I am very grateful to have been liaison to her in this process. She has given me the hands-on experience that I could not have read in any book or learn in any classroom. This whole experience has given me a leg up on my future endeavors to advocate and make positive change within the mental health system. It also gave me what I believe to be a once-in-a-lifetime opportunity to spend a great amount of time with the consumer network and connect with new and old friends and peers. Hopefully the many of you we visited and connected with throughout the evaluation found it to be a beneficial and/or positive process, in spite of the sometimes long hours and intense work. Kathy and I really enjoyed working together with all of you and have certainly had some great times we will never forget.

The site visits are now over and the data is being crunched by Dr. Muscari. The information that was gathered will be used to highlight the great things you all are doing with peer support in Maryland, which can be great information to showcase when looking and asking for funding (hint hint). In addition the evaluation results can open up organizations to take a look at the areas where improvement is needed. Analyzing weaknesses is not necessarily a bad thing, but rather can be an opportunity for change and growth. It is important as our network evolves to be able to think objectively about what we do and how we can better achieve program objectives.

So in closing, by giving our organizations a chance to be evaluated, we now have the hard evidence that the services you provide are truly giving people choices and making positive changes in people's lives, and are therefore definitely producing beneficial results! Thank you to all who gave your time and energy to participate in the evaluation because without you we would just have massive piles of blank paper.



THOUGHTS ON BEING A PEER SUPPORT SPECIALIST

By Scott Gibson



Scott Gibson

When I was planning my move to Maryland I was concerned about where I was going to work. I did a little homework and discovered that there was a state hospital in the Cumberland, MD area called the Thomas B. Finan Center. So when I was asked by my friends and soon-to-be former co-workers what was I going to do, I stated

that there was a potential place to apply. Even so, I honestly never thought I would work at the Finan Center.

So here I am. I cannot believe that I have worked at the Finan Center for more than three years. I will share with you what I am doing to help make the center the extraordinary institution that it is, and likewise, the forerunner I think the state of Maryland is in the consumer recovery movement.

If I had continued working as a carpenter's helper in the construction industry like I had done when I graduated from high school, perhaps I would have become somewhat of an expert in the field. Unfortunately or not, my genetics, my fate or what have you, directed my life on a different course. A path that was precarious, painful, and destructive. However, this mental illness that I am alluding to has allowed me to be the person I am today proud to be. At the center, I can share my expertise and experiences with very deserving individuals. I still can't manipulate a chisel, a circular saw, or measuring tape the way I had aspired to twenty-some years ago, but that's okay, for I have a gift to share that I hope all my peers at the Finan Center will open... peer support.

I have only been familiar with this term for a few years, but it kind of reminds me of what it's like to be the new kid on the block. You know... you acquire a new friend who takes a genuine interest in you and shows you the ropes. Your peer encourages you to get involved, take a few risks so you can thrive in your new environment. I never mastered carpentry and have not perfected peer support. However, I have a clear understanding that consumers benefit from peer support, and it is an integral part of recovery. Peer support is not one-sided because I grow right alongside the people with whom I work. In addition, I serve on a seclusion and restraint reduction committee. We are familiar with the ongoing debate regarding restraints, and we at the Finan Center are addressing this important issue. I bring to our committee the perspective of a person who has had the painful experience of being placed in restraints. I sincerely appreciate the Finan Center's effort to include a consumer in this process.

At the Finan Center, my role is ever-changing and expanding. I think the experience for the Finan staff and me has been mutually rewarding. I will continue to assist patients with their WRAPS, and of course the staple in their diet, peer support. I frequent various therapeutic groups and offer insight and even write a monthly article in the Finan Center newsletter. I am indebted for the opportunity to serve On Our Own of Maryland Inc., the Thomas B. Finan Center, and my peers. I am not sure how my role at the center will evolve, but I nevertheless have faith that the Finan Center staff and I will continue to simultaneously continue to make a difference in the lives of those we serve.

(Scott works as a Peer Support Specialist for On Our Own of Maryland at the Thomas B. Finan Center in Cumberland, MD)



** ACTION ANNAPOLIS **

Tuesday, February 8, 2011

9am to 12pm

Maryland's 2011 Legislative Session began January 12, 2011 in Annapolis, Maryland and will adjourn April 11, 2011. If you are interested in attending an educational forum on legislation and public policy in Maryland please mark your calendars for February 8, 2011 from 9am to 12pm for Action Annapolis. Any and all consumers of mental health services are welcome to come to St. Anne's Parish Hall located at 199 Duke of Gloucester Street in Annapolis to learn about the legislative process and up and coming mental health policy issues in Maryland. **Please contact Elaine Carroll at 410-626-0262 ext. 21 or Sarah Rhine, staff attorney at the Maryland Disability Law Center at 410-727-6352 ext. 2493 to RSVP for this event, find out more information, and to be included on our email list for Action Annapolis updates.**

SPIRITUALITY AND RECOVERY IN MENTAL HEALTH

by Steve Stahley, Transformation Office Consultant, Mental Hygiene Administration

The role of spirituality in the recovery process was the topic for the penultimate module in the Recovery Centers of Excellence Project (RCEP). The team for the module consisted of Jennifer Brown, Joe Kenna, Alison Carter, and Steve Stahley. The module was delivered to each of the four participating agencies (Alliance, Arundel Lodge, Humanim, and JHU Bayview) during the month of November. The goal of the presentation was to highlight the importance and validity of the spiritual dimension in the journey of recovery.



Steve Stahley, Alison Carter, Joseph Kenna

The presenters brought varied and richly textured backgrounds to the effort. Blending those backgrounds and integrating the content of each presenter into a coherent package was accomplished by Jennifer Brown, Director of the RCEP Project. Using her extensive experience in curriculum design, training, and project leadership, Jennifer coordinated the planning process that took place in preparation for the module. Additionally, she served as the facilitator for each of the four presentations.

Drawing on a highly distinguished career with the Maryland Department of Health and Mental Hygiene and her current work as an artist and spiritual teacher, Alison Carter had a deep source of material to tap for her portion of the module. As the state official who wrote many federal grants that supported the consumer movement in Maryland, Alison's presence on the RCEP Spirituality team held enormous significance for all who attended the presentations. In addition to the wealth of background materials she shared on a range of spiritual topics, Alison shared in vivid detail the key moment in her own spiritual journey and how that moment empowered her own recovery and altered the course of her life.

With his extensive background in the ministry as well as an active practice in clinical psychology Joe Kenna provided a solid and clinically-grounded approach to supporting the spiritual dimension in the lives of consumers as well as mental health professionals. Utilizing a framework based on the psychology of Carl Jung, Joe demonstrated how the spiritual dimension can be fully integrated in a healthy, well-rounded human life. Joe provided a

highly useful model for conducting a spiritual assessment as part of the overall clinical practice of mental health providers. With clarity, gentleness, and great warmth, Joe modeled the qualities of an active spirituality that invites others to share the details of their own journey on the path to wholeness.

Steve Stahley shared his experiences as a Catholic priest, a married father of two children, and a post-ministry career in public service to illustrate the core elements of his spiritual journey both within institutional religion and beyond it. Steve pointed out the opportunities to experience the spiritual component of human life through the beauty of nature, participation in meaningful relationships, and taking note of the insights provided through narrative and story. These opportunities are not reserved for those who profess a specific religion; they are available to all.

The presentation had a strong focus on several key elements that are now appearing with increasing frequency in the literature on recovery in mental health. Among these elements are the following:

- The spiritual dimension of human life is something deserving of respect and dignity; it is not a pathological trait requiring clinical intervention.
- Sharing stories of a transcendent or spiritual nature can and should be an invitation to examine the dimensions of human life that escape easy definition or established categories. Sensitivity and respect should always guide these discussions, as every person's spiritual journey has been unique, and while many have been positive, some have been just the opposite.
- Good mental health practice and a robust spiritual life are not mutually exclusive categories.
- The optimal clinical approach in handling spiritual issues with consumers requires careful attention to the interpretation of these issues by the consumer and a discussion on the meaning of the issues for the consumer.
- Spirituality and religion are not identical. The cultivation of one's spiritual life does not require affiliation with organized religion or a specific religious denomination although for many people the formal affiliation with a religious denomination can be a great help to their spiritual life.
- There are many simple ways to integrate the spiritual dimension into everyday life that are not commonly associated with spirituality, for example: stretching and breathing exercises to help people stay in touch with their bodies; listening to others with focused attention; and sharing the gift of humor with others.

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- Spirituality is a deeply personal matter and plays a unique role in each individual life.

Chief among the challenges facing the RCEP Spirituality Team members was the awareness that they were navigating in waters that are still largely uncharted. Despite the growing recognition in the professional literature regarding the importance of spirituality, there can be little argument that it remains a controversial issue within the mental health field, and indeed at all levels of contemporary society. As pointed out by one of the scholars whose research was consulted in preparing for the module,

“People these days are more comfortable talking about their personal finances or their sex lives than discussing their spirituality.”

The RCEP subcommittee of the Recovery Committee knew that including a module on spirituality was a risk but determined that it was a risk worth taking. Given the response of the participants at the four agencies, especially among the consumers, it seems that the inclusion of a module on spirituality was, indeed, the right thing to do.

As evidenced by the enthusiastic welcome given to the topic and the presenters and the willingness of many participants to speak openly about their own experiences, spirituality is something that people are yearning to discuss. The three hours devoted to the module seemed to

be barely more than a tantalizing introduction to a subject of immense interest to the majority of those who attended the presentations. The willingness of the RCEP to include the topic was amply rewarded by the welcome it received at each of the agencies.

The acclaim was not universal, of course. Some of the comments received on the evaluation sheets provided criticism that was constructive and highly valuable. Given the vastness of the topic and the limits of a three hour presentation, it was only possible to touch the surface of such an enormous subject. There was clearly evident a deep hunger for more dialogue. The energy generated by the module, among the presenters as well as the participants, was impossible to ignore. At the very least, the presentation on the topic of spirituality opened doors and windows that might have otherwise remained closed and ignored.

The RCEP will soon reach its conclusion. It has been a groundbreaking experience on many levels. As we implement the evaluation process following the conclusion of the project, we will gain even more insight into not only this project, but of the journey of recovery in general. One piece of information, however, is already clear: the role of spirituality in the journey of recovery is a topic that can no longer be ignored.

OPEN HOUSE

On Our Own of Howard County held an open house on November 1, 2010 to celebrate their re-opening. The Center was closed for a time over the summer to re-organize. John Otenasek, their new Executive Director, welcomed folks and gave a heart warming presentation on their plans for the future of their center.



Geoffrey Lindsay



John Otenasek



Mary Sieger



Easter Kim, Karen Moore, Elaine Carroll, & Nevett Steele



Leola Howard & Dollie Hundley

IN THE NEWS...

Congratulations to On Our Own of Maryland's new officers for 2011. Elected to a one-year term were Laurie Galloway, President; Patrice O'Toole, Vice-President; Carolyn Cullison, Treasurer and Thomas Hicks, Secretary. Elected to three-year terms as At-Large Board members were: Sarah Burns with On Our Own, Inc.-Catonsville, Baltimore County; David Pease with On Our Own of Cecil County; Eugene Smith with Soul Haven Wellness and Recovery Center in Hagerstown, MD and Miriam Yarmolinsky with the Silver Spring Wellness and Recovery Center in Montgomery County.



Cheryl Sharp

Asad good-bye to Cheryl Sharp, WRAP Outreach Coordinator for On Our Own of Maryland, but also congratulations to Cheryl on her new job with the National Council for Community Behavioral Healthcare in Washington, D.C. Cheryl has taken a job with the National Council as their new national Coordinator for Health Integration and Wellness. We wish Cheryl all the best of luck and thank her for all her hard work in bringing WRAP - Wellness Recovery Action Plan to Maryland and our statewide consumer network. Cheryl will still be working with us on several projects over the course of the coming months in other capacities. So even though Cheryl will not be employed by On Our Own of Maryland, we will still be working with her in our endeavors to further WRAP in Maryland.



Jonathan David

On Our Own of Maryland held a training on Community Integration on December 14, 2010 at the Meeting House in Columbia, MD. Our trainer was Dr. Jonathan David, Information Dissemination & Training Specialist with the National Mental Health Consumers' Self-Help Clearinghouse. Dr. David has been working with the UPENN Collaborative (now based out of Temple University) in compiling research data on promoting consumer integration in the broader community.

Community Integration...

1. ...is a right.
2. ...offers opportunities in varied roles.
3. ...promotes a sense of responsibility.

PowerPoint slide from Community Integration training.

Congratulations to Thomas Hicks, Executive Director of Helping Other People Through Empowerment (HOPE) in Baltimore City for hosting Baltimore Mental Health Systems' (BMHS) Legislative Breakfast at their Wellness and Recovery Center on Monday, November 15th. Guest speakers included Delegate Pete Hammen, Chair of the House Health and Government Operations Committee and Delegate Sandy Rosenberg, Vice-Chair of the House Ways and Means Committee. Participants were welcomed by BMHS President/CEO Jane Plapinger. Congratulations to all for a very successful event.

Our condolences to Susan Kadis with the Office of Consumer Affairs at the Mental Hygiene Administration, on the loss of her father in Cleveland, Ohio this past November.



Mildred Minor, Mary Ellen Copeland, & Miriam Yarmolinsky

The Silver Spring Wellness & Recovery Center (SSWRC) at Affiliated Sante Group hosted WRAP's Mary Ellen Copeland on Tuesday, August 24, 2010. Many thanks to Randy Bosin for setting this up and to Miriam Yarmolinsky at SSWRC for hosting/inviting people for this rather impromptu event.

Other Consumer Organizations

Silver Spring Wellness & Recovery Center at Affiliated Sante Group

7961 Eastern Avenue, First Floor
Silver Spring, MD 20910
301-589-2303 x108 / Fax: 301-585-2965
Contact Person: Miriam Yarmolinsky
E-mail: myarmolinsky@santegroup.org
Website: www.silverspringdropincenter.blogspot.com

Marty Log - Lewis Rothschild Wellness & Recovery Center

3 Milford Mills Road, Pikesville, MD 21208
410-653-6190

Contact Person: Denise Camp
E-mail: prologue4dmc2@mrisc.com

Our Place Wellness & Recovery Center at Freedom Landing, Charles County

400 Potomac Street, La Plata, MD 20646
301-932-2737

Contact Person: Yvette Norman & Shirley Douglas
E-mail: jabramson@freedomlanding.com

Chesapeake Voyagers

342-C North Aurora Street, Easton, MD 21601
410-822-1601 / Fax: 410-822-1621

Contact Person: Diane Lane
E-mail: dianelane@chesapeakevoyagers.org
Website: www.chesapeakevoyagers.org

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134 Holiday Court, #304
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410-224-0116 / Fax: 410-224-0991
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P.O. Box 2961; 24 Solomons Island Road
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410-535-7576 / Fax: 410-535-0984
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E-Mail: onourown21921@comcast.net

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217 North Market St., Frederick, MD 21701
P.O. Box 3744; Frederick, MD 21705-3744
Phone/Fax: 301-620-0555
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On Our Own of Howard County, Inc.

6440 Dobbin Rd., Suite B
Columbia, MD 21045
410-772-7905 / Fax: 410-772-7906
Contact Person: John Otenasek

On Our Own of Montgomery County, Inc.

434 East Diamond Avenue
Gaithersburg, MD 20877
240-683-5555 / Fax: 240-683-5561
Contact Person: Betty Leckey
Website: www.ooo-mc.org

On Our Own of Prince George's County, Inc.

6513 Queens Chapel Road
University Park, MD 20782
301-699-8939 / Fax 301-696-5378
Contact Person: Daphne Klein
E-Mail: ooopgcinc@verizon.net
Website: www.onourownpgc.org

On Our Own of St. Mary's County, Inc.

P.O. Box 1245; 41660 Park Avenue;
Leonardtown, MD 20650
301-997-1066 / Fax: 301-997-1065
Contact Person: Carolyn Cullison
E-Mail ooinismc@verizon.net

Lower Shore Friends, Inc.

P.O. Box 3508; 207 Maryland Ave., Ste 4 & 5
Salisbury, MD 21802
410-334-2173 / Fax: 410-334-6361
Contact Person: Wilmore "Bunky" Sterling
E-Mail: wlmrstr@aol.com

Hearts & Ears, Inc.

1133 Pennsylvania Avenue, Ste. 204
Baltimore, MD 21201
Phone/Fax: 410-523-1694
Contact Person: Deidre Bolden
E-Mail: heartsandears@toast.net
www.heartsandears.org

Office of Consumer Advocates, Inc. (OCA)

265 Mill Street, Suite 200
Hagerstown, MD 21740
301-790-5054 / Fax: 301-791-3097
Contact Person: Ethel Nemcek

Soul Haven

12 West Franklin Street
Hagerstown, MD 21740
301-733-6676
Contact Person: Mary Beth Twigg

HOPE Station

(part of OCA, Inc. - Allegany County)
P.O. Box 1062; 632 N. Centre Street
Cumberland, MD 21502
Phone: 240-362-7168 / Fax: 240-362-7170
Contact Person: Dan Snyder
E-mail: HOPEStation@atlanticbbn.net

The Harvey House

(part of OCA, Inc. - Garrett County)
14719 Garrett Highway, Oakland, MD 21550
Phone/Fax: 301-334-1314
Contact Persons: Renee Kitzmiller

Helping Other People Through Empowerment

2828 Loch Raven Road
Baltimore, MD 21218
410-327-5830 / Fax: 410-327-5834
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E-mail: thickshope@verizon.net

On Our Own, Inc. (Baltimore City)

6301 Harford Road; Baltimore, MD 21214
410-444-4500 / Fax: 410-444-0239
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www.onourownbaltimore.blogspot.com

On Our Own Charles Street Center

101 W. 23rd Street, Baltimore, MD 21218
410-235-0273
Contact Person: Robert Williams
E-Mail: tonyw21214@aol.com

On Our Own Center (Baltimore County)

63 Shipping Place, Ste. 221;
Baltimore, MD 21222
410-282-1701
Hours: call for hours
Contact Person: Kathy Spath

On Our Own Catonsville Center

5-7 Bloomsbury Drive
Catonsville, MD 21228
Phone: 410-747-4492 Ext. 1203
Contact Person: Sarah Burns
E-Mail: sarahburns21228@hotmail.com

On Our Own - Towson Center

Sheppard Pratt
Building D, Room D020
6501 N. Charles Street, Baltimore, MD 21204
Phone: 410-494-4163
Contact Person: Caroline Warfield

Transitional Age Youth Center

2225 N. Charles Street, Baltimore, MD 21202
410-253-0273
Program Coordinator: Tiffany Hall
www.onourownbaltimore.blogspot.com

SPIN, Inc. (Support Peer Independence Now) Harford County

11 Franklin Street; Aberdeen, MD 21001
443-327-7810
Contact Person: Sandra Merson
E-mail: Peer_Support@comcast.net

ON OUR OWN OF MARYLAND MEMBERSHIP APPLICATION

By becoming a member of On Our Own of Maryland, you will be supporting our efforts to promote equality in all facets of society for people who receive mental health services and to develop alternative, recovery-based mental health initiatives. To become a member, complete this form, make your check or money order payable to On Our Own of Maryland, Inc., and mail it to 1521 South Edgewood Street, Suite C, Baltimore, MD 21227.

Name: _____ Organization: _____ (only if part of address)

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ E-Mail Address: _____

Amount enclosed for annual dues:

Voting Members (consumer/survivors)

\$10

\$2 (those on disability/entitlement income)

Nonvoting Members (non-consumer friends/family)

\$25 (individual)

\$50 (organization)





CONSUMER NETWORK NEWS

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On Our Own of Maryland, Inc., a statewide mental health consumer education and advocacy network, promotes equality in all facets of society for people who receive mental health services and develops alternative, recovery-based mental health initiatives.

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